BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

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CLAIMS AS FILED - PART I								SMALL	ENTITY			
F	OTAL CLAIM	1S	(Colui	mn 1)	<u>(Co</u>	lumn 2)	7	TYPE		OTHER THAN		
-	OR					- अधिक उन्हें स्		RATE	FEE		RATE	
-				R FILED *		BER EXTRA		BASIC F	EE	30 0	R BASIC FI	
L	OTAL CHARG	EABLE CLAIMS	40n	ninus 20=	الرئ •	AU	1	XS 9=	1. 12.18.18		X\$18	
		CLAIMS	2	2-minus 3 =								-
М	ULTIPLE DEP	ENDENT CLAIM	PRESENT	RESENT			1	X40=	\$1 PERMIT	ø Of		
* If the difference in column 1 is less than zero, enter "0" in column							J	⁷ ¥135=		OF		
								TOTAL		_]of	TOTAL	1300
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 2)											OTHE	R THAN
		CLAIMS	A. September 5	(Colum		(Column 3)	1	SMALL	ENTITY	OR		ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAI FEE		RATE	ADDI- TIONAL FEE
END	Total	ļ.	Minus	••		=		X\$ 9=		OR	X\$18=	T FEE
AM	Independent	ENTATION OF A	Minus	•••		=		X40=	 	1	X80=	
_	TINOT PRESI	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		-		 	OR		
		- على	•			. —	L	+135=		OR	+270=	
		e e e e e e e e e e e e e e e e e e e		•			A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
-		(Column 1)		(Colum		(Column 3)					ADDII. FEE	
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI-
GNE	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	FEE
AM	Independent	<u> • </u>	Minus	•••		= .	上	X40=				
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T	·	(Column 1) CLAIMS		(Column		(Column 3)						
, ,		REMAINING	7 3 L	HIGHES NUMBE	R I	PRESENT	Г		ADDI-	1 1		ADDI-
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: }-	T tal		Minus	••		=		X\$ 9=			X\$18=	FEE
Ľ	ndependent		Minus	•••		=	-	X40=		OR		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	X80=	
If t	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." All the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	+270=	
"If 1	he "Highest Num	nber Previously Pai nber Previously Pai per Previously Paid	o For IN THIS	SPACE is le	ss than	20, enter "20."	ADE	TOTAL DIT. FEE	opriate box	ÖR A	TOTAL DDIT. FEE	·
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